

12/14/01



JCS60 U.S. PTO

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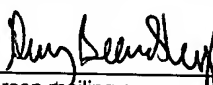
Certificate of Mailing

Date of Deposit December 14, 2001Label Number: EL509219415US

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Guy Beardsley

Printed name of person mailing correspondence


Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50150/025002
Applicant	William M. Mitchell and Charles W. Stratton
Title	IDENTIFICATION OF ANTIGENIC PEPTIDE SEQUENCES

PRIORITY INFORMATION:

This application is a continuation of and claims priority from United States patent application, U.S.S.N. 09/025,596, filed February 18, 1998 which is a continuation-in-part of U.S. utility application U.S.S.N. 08/911,593, filed August 14, 1997, which claims benefit from U.S. provisional application U.S.S.N. 60/023,921, filed August 14, 1996, the entire teachings of which are incorporated herein.

SMALL ENTITY STATUS:

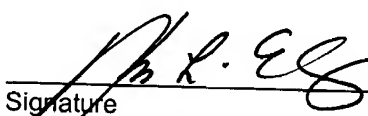
- ☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

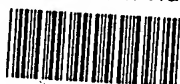
Cover sheet	1 page
Specification	29 pages
Claims	1 page
Abstract	1 page
Drawing	4 sheets
Combined Declaration and Power of Attorney	2 pages
Sequence Statement	2 pages
Sequence Listing on Paper	31 pages
Sequence Listing on Diskette	
Small Entity Statement, which is: <input checked="" type="checkbox"/> A copy from prior application 09/025,596 and such small entity status is still proper and desired.	1 page
Preliminary Amendment	
IDS	2 pages
Form PTO 1449	1 page

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10020269 124401
 10020269 124401

Cited References	
Recordation Form Cover Sheet	1 page
English Translation	
Certified Copy of Priority Document	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$370	\$370.00
Excess Claims Fee: 20 - 20 x \$9	\$0
Excess Independent Claims Fee: 1 - 3 x \$40	\$0
Multiple Dependent Claims Fee: \$135	\$0
Total Fees:	\$370.00
<input checked="" type="checkbox"/> Enclosed is a check for \$370.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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CUSTOMER NO: 21559	
Signature 	Date <u>14 December 2001</u>

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